



World Health
Organization
Organisation mondiale de la Santé

The WHO Transformation

An overview at 29 January 2020

“Our goal – a modern WHO working seamlessly to make a measurable difference in people’s health at country level.”

Dr Tedros
Executive Board
January 2018

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Abbreviations and acronyms

| | |
|----------|---|
| ADG | Assistant Director-General |
| AFRO | WHO Regional Office for Africa |
| AMR | Antimicrobial Resistance |
| CAN | Category Area Network |
| CEM | WHO Contributor Engagement Management system |
| CSP | Country support plan |
| DAF | Director of Administration and Finance |
| DDG | Deputy Director-General |
| DG Envoy | Director-General Envoy for Multilateral Affairs |
| DPM | Director of Programme Management |
| EB | Executive Board |
| EMRO | WHO Regional Office for the Eastern Mediterranean |
| EURO | WHO Regional Office for Europe |
| ExD | Executive Director |
| GAP | Global Action Plan for Healthy Lives and Well-being for All |
| GPG | Global Policy Group |
| GPHG | Global public health good |
| GPW12 | Twelfth General Programme of Work 2014-2019 |
| GPW13 | Thirteenth General Programme of Work 2019-2023 |
| HALE | Healthy life expectancy |
| HQ | WHO headquarters |
| MOPAN | Multilateral Organization Performance Assessment Network |
| MoU | Memorandum of Understanding |
| ODT | Output Delivery Teams |
| PAN | Programme Area Network |
| PB | Programme Budget |
| PBAC | Programme, Budget and Administration Committee of the Executive Board |
| PHC | Primary Health Care |
| PMDS | Performance Management Development System |
| R&D | Research and development |
| RD | WHO Regional Director |
| SDA | Short-term Developmental Assignment |
| SDG | Sustainable Development Goals |
| SEARO | WHO Regional Office for South-East Asia |
| UHC | Universal Health Care |
| WHA | World Health Assembly |
| WPRO | WHO Regional Office for the Western Pacific |
| WR | WHO Representative |

Executive Summary

The WHO Transformation was launched by the Director-General upon taking office in 2017, with the goal of making WHO a modern, seamless, impact-focused organization to better help Member States achieve the health-related Sustainable Development Goals, in the context of United Nations Reform.

The work of Transformation was originally structured around 5 major workstreams; by 2019, two additional workstreams had emerged as cross-cutting, enabling areas of work: WHO financing and human resources capacity building.

The 1st workstream established and operationalized a new, impact-focused strategy. This work was overseen by Member States, through extensive consultation and Governing Body decision-making. The key deliverables include the 13th General Programme of Work (GPW13), with its bold strategic priorities and ambitious 'triple-billion' goal; the Programme Budget 2020-2021, which for the first time is built on integrated country support plans and global public health goods; and the new WHO Results Framework, which will be discussed at the 146th Executive Board. By December 2019, these products had been discussed in over 60 Member State briefings, and with all Regional Committees, the Pan American Health Organization's Executive Council and the Executive Board and World Health Assembly. As the result of this strategic clarity and a 'Global Goals Week' exercise, the proportion of staff who could connect their day-to-day work to WHO's overall strategy rose from 47% in 2017 to 74% in 2019.

The remaining areas of Transformation reflect the work of the Director-General and Regional Directors to improve the internal functioning of the Secretariat, across all major offices, to implement the new strategy and deliver results. Thirteen of the key WHO processes that underpin the strategic shifts of GPW13 – such as ensuring the quality and impact of our normative work – have been redesigned and are in the process of rollout and harmonization across all major offices. The entire 'set-up', or operating model, of WHO was revamped to better deliver GPW13 and run the new processes by more sharply delineating the role of each level (i.e. country offices, Regional Offices, headquarters), aligning the structure of all offices along four major 'pillars', establishing a Chief Scientist function, and adopting new and integrated ways of working, anchored in 'Output Delivery Teams', to more efficiently and effectively respond to Member State needs.

Recognizing that achieving GPW13 and the Sustainable Development Goals requires leveraging a broad range of actors, a new approach to partnerships has been initiated. A Director-General Envoy has been appointed and a 3-pronged approach established for our multilateral advocacy. The *Global Action Plan for Healthy Lives and Well-being for All* has been launched, new Memoranda of Understanding have deepened our collaboration with 7 UN and health development agencies, and an agenda developed for working more closely with civil society. Recent collaborations, with FIFA and GoogleFit, represent innovative approaches to promote health and reach a much wider population with WHO's technical advice.

Through its design and implementation, the Transformation has promoted a new, impact-focused, collaborative and agile culture. Over 5,600 staff participated in a detailed baseline study that shaped the Transformation agenda. The May 2019 launch of a WHO Values Charter was only possible through the direct input of thousands of staff in a 72 hour on-line ‘Value Jam’. Throughout the Transformation, every new, redesigned process and structure was the result of 3-level Working Groups or Task Forces, that engaged large numbers of staff and which were facilitated by the introduction of more modern tools such as Workplace. In 2018, the entire WHO senior management was oriented to ‘agile’ concepts through hands-on workshops, and in 2019 key aspects of the new operating model were designed to better enable more agile work at WHO.

In the first of the 2 cross-cutting workstreams, a 4-pronged approach was taken to establish more flexible, aligned and predictable financing for WHO. The 1st WHO Investment Case was launched in September 2018, followed soon after by the Inaugural Partners Forum in April 2019. A *WHO Resource Mobilization Strategy* will be considered by the 146th Executive Board, underpinned by a new ‘best-in-class’ WHO Contributor Engagement Management system. Complementing our new resource mobilization strategy is the ongoing work to establish the WHO Foundation to further diversify and strengthen WHO financing.

The second enabling workstream – building a motivated and fit-for-purpose workforce – is anchored in the vision of WHO as a career organization and is reflected in the new initiatives on career pathways, mobility, internships, development assignments, leadership and management training, and mentoring. Fundamental to this vision, and to revolutionizing health learning globally, is the establishment of the WHO Academy. With the finalization of the business case and blueprint in June 2019, the set-up phase has begun to establish base systems, standards and strategies in preparation for the Academy’s planned launch in 2021.

Ultimately, Transformation aims to ensure WHO has a positive impact on people’s health by producing the right norms, standards and technical guidance, and then helping to apply these at country level through the policies and programmes of governments and implementing partners. This requires change in both the way we work across the 3 levels of WHO and in our country presence. With the ‘3-level’ changes introduced to date, and the completion of a substantial number of country office Functional Reviews in 2019, further attention is being given to the adjustments needed to ensure a predictable, fit-for-purpose WHO capacity at country level.

Going forward, relentless attention will be given to the full implementation of these changes to achieve GPW13 and with the ultimate goal of ensuring WHO has a meaningful, lasting and positive impact on people’s health, everywhere.

1. Introduction

Upon taking office in July 2017, the Director-General (DG), Dr Tedros, initiated a broad consultation with all WHO staff for ideas on the changes needed to make WHO fit-for-purpose in the context of the Sustainable Development Goals (SDGs) and United Nations (UN) Reform. The staff contributions complemented inputs and expectations expressed by Member States during the Director-General election process, and lessons learned from previous and ongoing reform work at Regional and Headquarter (HQ) levels that were shared by the Regional Directors.

Together these inputs formed the major thrusts of the current WHO Transformation Agenda.

The 1st thrust of our Transformation – the development and operationalization of a new strategy – was initiated immediately, in July 2017, as this work stream would be directly overseen by Member States and would drive the rest of the Transformation. The 2nd major thrust of the Transformation – designing and implementing the internal changes that would be needed to the Secretariat's set-up and ways of working to implement the new strategy – began with a 6-month period of information gathering and analytics to inform the Global Policy Group's¹ (GPG) deliberations and DG's decision-making. Both aspects were reflected in the Global Policy Group's document *WHO Transformation Architecture and Plan* that was issued to staff on 16 February 2018.

This paper summarizes the overall approach to our Transformation and the status of each major aspect, provides examples of implementation at Regional level and in major programmes, and highlights priorities going forward.

¹ the GPG includes the Director-General, Regional Directors, and Deputy Director-General

2. Our approach to Transformation

Our Transformation encompassed 5 major areas of work. The first workstream was designed to capture those areas which would require extensive Member State consultation and Governing Body decision-making. This area included the development of a new strategy (the 13th General Programme of Work (GPW13)), its budget & financing (i.e. Programme budget 2020-2021), and the methods for measuring results and ensuring accountability (e.g. a new Results Framework, Impact Measurement Structure, Output Balanced Scorecard).



The 4 remaining areas of Transformation reflected the work needed of the DG and the Global Policy Group to improve the internal functioning of the Secretariat, across the 3 levels of our organization, for the purposes of implementing the new strategy and delivering the results. These areas were: (i) optimizing and harmonizing core WHO processes, (ii) developing and implementing a new WHO-

wide operating model, (iii) establishing a new approach to partnerships, and (iv) promoting an impact-focused, collaborative and agile culture. As the Transformation progressed to the implementation phase, the areas of financing and human capital capacity building emerged as distinct workstreams given their cross-cutting importance to the other workstreams and centrality to our capacity to deliver GPW13.

2.1 Leadership of the Director-General & Regional Directors

The overall design and ongoing direction of our Transformation has been led by the GPG, which includes the Director-General, Regional Directors (RDs) and Deputy Director-General (DDG). The GPG had dedicated discussions on aspects of the Transformation monthly from September 2017 through mid-2019, either in person or by videoconference, to jointly shape, coordinate and drive the Transformation. The GPG began by considering the extensive recommendations of the Working Group on Initiatives for Change, that had generated hundreds of ideas from all major offices and over 90% of country offices and regional and headquarters departments. This was complemented by a WHO-wide Staff Baseline Survey (i.e. the 'culture survey' with >5600 respondents) that assessed the Organization's capacity to deliver across 3 major dimensions (i.e. capacity to align, execute, innovate) that were measured through 9 major outcomes and 37 management practices. Best practices were identified and collated across major offices.

Based on these inputs and analytics, at the WHO Executive Board (EB) in January 2018 the DG announced the overarching goal for Transformation: ‘A modern WHO, working seamlessly to make a measurable difference in people’s health at country level’.² On 16 February 2018, the GPG issued the internal document ‘Delivering on the SDGs through WHO’s 13th General Programme of Work: WHO Transformation Plan & Architecture’ which laid out the destination for change and an integrated process, across the 3 levels of the organization, to reach it.³



Progress against the Transformation Plan and its priorities, was made a standing agenda item for subsequent GPG meetings. The GPG also received updates from existing or new Working Groups that were established across all Major Office to take forward 1 or more of the 5 major workstreams of Transformation.

2.2 Member State Consultations



Given the ultimate responsibility of Member States for GPW13 and the related budget, financing and results framework, this 1st major area of work was taken forward through an intensive agenda of Member State consultations. Between September 2017 and December 2019, this included over 50 informal briefings, 12 formal Mission Briefings,

discussions in all Regional Committee Meetings and the Pan American Health Organization’s Executive Council, and discussions under relevant agenda items of the Programme Budget and Administration Committee (PBAC), the Executive Board and/or the World Health Assembly (WHA).

A number of these briefings and Governing Body agenda items also reported on work that was being overseen by the Director-General and Regional Directors to improve the internal functioning of the Secretariat, such as the global public health goods process, the new Chief Scientist function, the new WHO operating model, UN reform, and the new WHO Internship Programme.

2.3 Staff Engagement

WHO staff, interns and consultants across all 3 levels of WHO were systematically invited to contribute to Transformation, with their participation falling into 5 broad areas. Staff provided many of the Transformation ideas through surveys, ‘open door

² Document EB142/2. Dialogue with the Director-General. In: 142nd Executive Board, Geneva, 22-27 January 2018 (http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_2-en.pdf, accessed on 24 January 2020).

³ Delivering on the SDGs through WHO’s 13th General Programme of Work: WHO Transformation Plan & Architecture. In: World Health Organization [website]. Geneva: 2018 (<https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023>, accessed 24 January 2020).

policies', seminars and other mechanisms, ultimately setting the overall agenda as outlined in the *WHO Transformation Plan and Architecture*.

Staff have also played leadership roles in the Transformation through Major Office Working Groups (e.g. comprised of Directors of Programme Management (DPMs); Directors of Administration & Finance (DAFs); External Relations focal points) and supported the change agenda through a 300+ person network of Change Supporters, which was established for that purpose. Many staff contributed to the design/redesign



of core processes through 3-level working groups and to the development of the new operating model through a 3-pronged 'communication, consultation and co-creation' approach. Thousands of staff actively participated in major aspects of Transformation, particularly the 1st ever Global Goals Week that aligned the work of all staff to GPW13, and the values survey and Values Jam that created the WHO Values Charter.

Key decisions and directions of the DG and GPG, as well as other Transformation milestones, were communicated to and discussed with staff through a combination of intranet stories, staff seminars, Townhalls, '*Tedros on Transformation*' emails and other mechanisms. In some major offices pulse surveys were used to help guide course corrections.

3. Our Transformation Journey - Major Areas of Work, Key Deliverables & Milestones

This section explains the 5 major areas of work that originally comprised the WHO Transformation. Key deliverables and milestones to date are summarized under each workstream. Section 4 summarizes the two cross-cutting aspects, financing and human resources capacity building, that have evolved into separate, cross-cutting workstreams.



3.1 Establishing & Operationalizing a New, Impact-Focused Strategy

The major objective of this workstream was to align the strategy and work of WHO with the Sustainable Development Agenda 2030 and, in turn, to link the work of all WHO staff members with the Organization's new strategy.

Key deliverables to date include: the accelerated development and subsequent adoption of the 13th General Programme of Work by Member States at the 71st World Health Assembly in May 2018; the 1st ever WHO-wide Global Goals Week in February 2019; the adoption of the Programme Budget 2020-2021 at the 72nd World Health Assembly in May 2019; establishment of WHO's 1st list of priority global public health goods (GPHGs). The ongoing development of the new WHO Results Framework will be discussed at the 146th EB.⁴

Our 13th General Programme of Work



GPW13 clearly articulates WHO's mission – to promote health, keep the world safe and serve the vulnerable – and is structured around 3 interconnected strategic priorities for 2019-2023: achieving universal health care (UHC), addressing health emergencies, and promoting healthier populations. These priorities are linked to a bold 'triple billion' goal and supported by three strategic shifts: stepping up WHO leadership, driving public health impact in every country, and focusing GPHGs on impact. GPW13 also outlines the 'organizational shifts' that would need to be taken forward by the Director-General, with the advice of the GPG, to ensure WHO is fit-for-purpose in pursuing the ambitious triple billion goal.

Our Inaugural Global Goals Week

The 1st ever, WHO-wide Global Goals Week was agreed by the entire senior management – from our WHO Representatives (WRs) to our Directors, Assistant Directors-General (ADGs), Executive Directors (ExDs), Deputy Director-General, RDs and the DG – at a retreat in Nairobi, Kenya in December 2018. The primary objective of Goals Week was to have every staff member familiarize her/himself

⁴ Document EB146/28 Rev.1. WHO results framework: an update. In: 146th Executive Board, Geneva, 3-8 February 2020 (http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_28Rev1-en.pdf, accessed on 24 January 2020).

with GPW13 and link at least 2 of her/his individual PMDS⁵ objectives to GPW13 Outputs. The 2nd Global Goals week is tentatively scheduled for early March 2020.

A 'light approach' was taken for this 1st Global Goals week due to its novel nature, the short planning time, and the fact that 2019 was a transition year between our 12th General Programme of Work (GPW12)/Programme Budget 2018-2019 and GPW13. Even with this 'light approach', the proportion of staff who could link their daily work directly to our strategy increased from 47% in 2017 to 74% in 2019.



Programme Budget 2020-2021

The development of the Programme Budget 2020-2021 immediately operationalized the principle of 'country impact first' that underpinned the redesign of our WHO planning process (see Section 3.2). First, WHO country offices worked with Members States to identify their priorities and expectations of WHO in the context of GPW13 and the health-related SDGs, and reflecting existing country cooperation strategies and UN Development Assistance Frameworks.⁶ Regional Offices then developed integrated country support plans (CSPs) that enunciated the specific inputs that would be needed from the country office, Regional Office and/or headquarters levels based on the country's priorities, needs and obligations.



These CSPs informed HQ's development of WHO's first ever list of the GPHGs that would need to be developed during the biennium to meet the individual and collective needs of Member States (i.e. as expressed through CSPs, Governing Body resolutions and regulations, and the WHO Basic Documents). The GPHGs fell into 6 categories: norms and standards, data, research, innovation, secretariat functions, and multilateral global goods. A series of DDG-led, all-day Regional Office-HQ consultations refined the CSPs to fully align the expectations and deliverables of each level in 2020-2021.

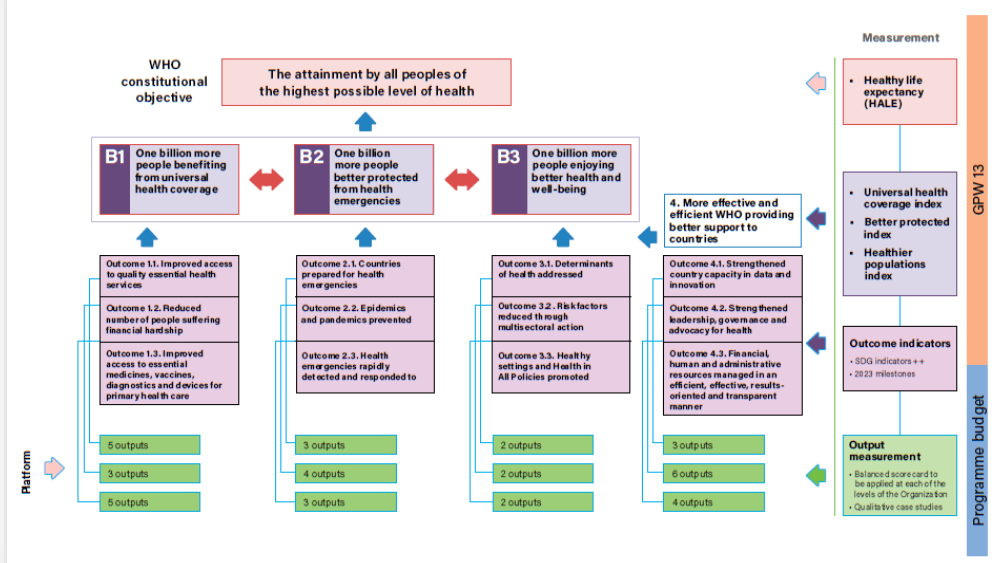
The New WHO Results Framework

Fundamental to the overarching goal of Transformation is having the capacity to measure the impact of the Secretariat, Members and partners to meet GPW13 targets and achieve the SDGs. The new WHO Results Framework achieves this through a system that measures and provides a holistic view of WHO's overall impact using the combination of a GPW13 Impact Measurement Structure; output scorecards; and qualitative case studies. The Impact Measurement Structure consists of the top-level healthy life expectancy (HALE) indicator; the triple billion goal and related targets and indices; and 46 outcome indicators.

⁵ The Performance Management Development System is an internal tool used for individual work planning and for performance appraisals.

⁶ In the absence of a WHO Country Office this role was played by the relevant Regional Office

GPW 13 RESULTS FRAMEWORK

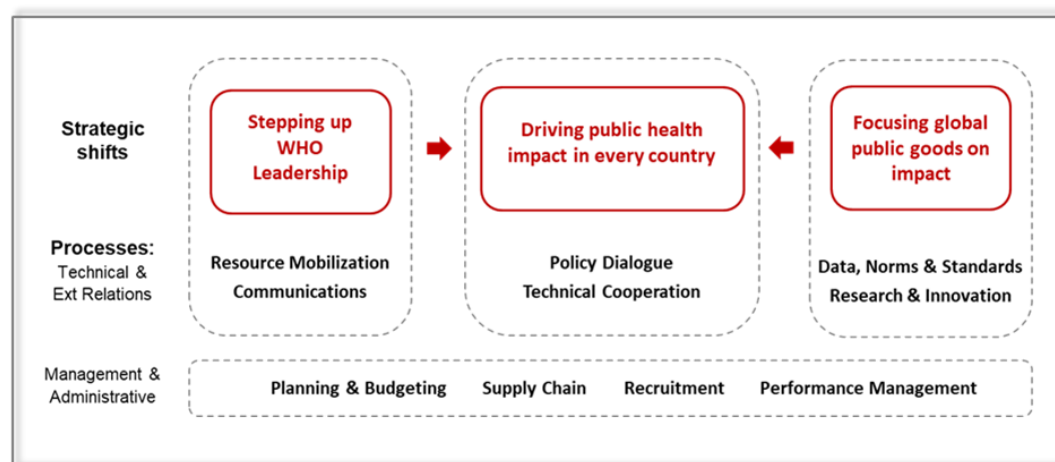


This proposed Results Framework reflects recommendations of Member States and the Multilateral Organization Performance Assessment Network (MOPAN). It has been developed through an extensive consultation with Member States, which included feedback through 6 Regional Committee Meetings, informal briefings, and technical consultations that included academia. The Framework will be submitted for consideration by the 73rd WHA, through the 146th EB.⁷



3.2 Establishing 13 'Best-in-Class' Processes

The major objective of this workstream was to prioritize, optimize and harmonize – across all 7 major offices – the key WHO processes that are essential to achieving GPW13's strategic shifts. Drawing on the results of the 2017 Staff Baseline Survey, recommendations of the Working Group for Change Initiatives, analyses of WHO's existing operating model and processes, and a feasibility/impact analysis, the GPG



⁷ Document EB146/28 Rev.1. WHO results framework: an update. In: 146th Executive Board, Geneva, 3-8 February 2020 (http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_28Rev1-en.pdf, accessed on 24 January 2020).

identified and prioritized 13 major WHO functions for the development of a standard, harmonized process (i.e. either a new process would be developed or an existing process 'radically redesigned').

Key deliverables to date include: the redesign of 10 major WHO processes and development of 3 new processes (i.e. Strategic Policy Dialogue, Innovation, Supply Chain); the agreement in December 2018 of the entire WHO Senior Management Team to adopt and rollout the redesigned processes; the full WHO-wide rollout of the new Planning & Budget process; roll out, in the WHO African Region, of the new leadership & management capacity building programme that underpins the strengthening of WHO's performance management. The remaining processes are being refined and will be rolled out by respective business owners over the course of the 2020-2021 biennium.

The Approach to Process Redesigns

For each of the 13 functions that were prioritized by the GPG, the design/redesign of the underlying process followed a six-step approach which consisted of:

- (i) documenting the current process and its challenges,
- (ii) formulating an aspiration for the future process (i.e. the 'to be' state),
- (iii) benchmarking the future process against best practice, both internally and externally, in the public and private sectors,
- (iv) developing a model redesigned process,
- (v) testing and refining the proposal with business owners and end-users at all 3 levels, and,
- (vi) determining the implications (in terms of operating model, culture, systems and tools) to inform the development of detailed implementation plans.

The process redesigns were conducted in 3 waves, with only 1 process in the first wave, followed by 8 in the 2nd wave and 4 in the 3rd. This approach allowed for the prioritization of Transformation-critical processes (e.g. Planning & Budget was in the 1st wave), management of the workload and, most importantly, the incorporation and application of important lessons as they were learned.

Process-specific Working Groups were established, consisting of staff from each level of the organization and Major Office and including both business owners and end-users. External experts provided support on both the approach to and content of the redesigns. Each redesigned process was discussed and further elaborated with senior managers from the seven major offices (for instance, the DDG/DPMs or ADG/DAF Working Group) before consideration and decision by the GPG.



For each of these functions a *Process Series Document* was developed for the relevant business owner, with an overview of the new process and its development, roles and responsibilities, and potential issues to be considered in its rollout and implementation.

The 6 Technical Process Redesigns

This sub-area of work includes processes that relate to how WHO's constitutionally-mandated technical functions are performed. A total of 6 'technical' functions were included, with 4 of the processes undergoing substantive redesign (incorporating recommendations from formal WHO Evaluations) and 2 new processes developed:

- *Norms & Standards*: an entire end-to-end process was designed to enhance the predictability, timeliness, quality assurance and impact-monitoring of normative products; all such products now follow a fit-for-purpose quality-assured process that includes early assessment against organizational needs/ priorities and a link to country impact;
- *Research*: a single harmonized process was developed for prioritizing and promoting a common research agenda, working closely with partners and in support of the SDGs (this process draws on lessons in establishing the WHO R&D Blueprint);
- *Innovation*: a new, standard process was designed to bring a systematic approach to WHO's role in identifying, catalysing and scaling up health innovations, with a focus on country needs and in support of the SDGs;
- *Technical Cooperation*: this process was substantively redesigned to reflect the primary role of Regional and Country Offices in driving WHO's technical assistance and surge support to countries and managing 3-level responses to country requests; it creates a mechanism for managing, tracking and quality assuring the response given;
- *Data*: this process was substantively redesigned to reflect modern trends, bring WHO into the 'Digital Age' and capture best practice in data governance, management, analytics; the process harmonizes WHO data products and quality, and streamlines and consolidates the data generated across the Organization;
- *Strategic Policy Dialogue*: this new process was designed to bring together WHO's evidence base, normative expertise, technical work and political insights to help optimize national policy environments to achieve the SDGs.

The 3 External Relations Process Redesigns

This sub-area of work includes processes that relate to how the Secretariat engages with Member States and partners. Three external relations functions were prioritized for process redesign:

- *Resource Mobilization*: the entire end-to-end resource mobilization process was substantially redesigned to anchor all resource mobilization activity in WHO's strategy and coordinate it through 3-level donor engagement teams; the new process includes streamlined grant management, a differentiated approach for large/small grants and an internal lending mechanism;
- *External Communications*: in this redesigned process, WHO external communications are driven by a single, corporate, WHO-wide annual plan that is

jointly developed by the 7 major offices, emphasizes country content and is aligned with modern digital communications;

- *Internal Communications*: this process is almost entirely new, being built around WHO's corporate strategy, direction and priorities, and the needs of our staff, so that the entire workforce is engaged, empowered and connected, with collective ownership of our mission; the redesigned process recognizes that our workforce is a key audience and driver to enable WHO's goals.

The 4 Business Process Redesigns

This sub-area of work includes those processes that enable the running of the Organization. In terms of these management and administration functions, 3 were prioritized for process redesign and 1 new process was developed (i.e. Supply Chain):

- *Planning & Budget*: this redesigned process is anchored in defining country priorities, needs and obligations in the context of WHO's strategy, then developing integrated country support plans and the global public health goods needed to meet the individual and collective needs of Member States;
- *Recruitment*: this redesigned end-to-end process aims to better position WHO in today's dynamic job environment by reducing the time for fixed term recruitment by an average of 50%; it includes improved planning, expanded sourcing, streamlined screening, enhanced panel/interview management, and the leveraging of new technologies and systems and boosting of HR services and focus;
- *Performance Management*: this process was redesigned to include enhancements focused on capability building (e.g. the leadership & management initiative), goal alignment (e.g. Goals Week), frequent coaching conversations, and multi-source feedback for project teams;
- *Supply Chain*: this new process shifts WHO from our current procurement-centric approach to a more holistic approach to supply management, with a full end-to-end process that includes needs & planning, requesting, purchasing, transport, stock management/warehousing, and distribution; the new process includes improved visibility and analytics on the entire supply chain, from order to delivery (i.e. a 'control tower' function).



3.3 A New and Aligned WHO 3-Level Operating Model

The major objective of this workstream was to optimize the 'set-up' of WHO, across its major offices and 3 levels, to be able to deliver GPW13 and run the new and redesigned processes summarized in subsection (3.2) above. The design of the new operating model included an examination of the existing roles, structures and ways of working within and across the levels of WHO, and the degree to which these were aligned with the over-riding goal of Transformation and the delivery of WHO's new strategy. An intensive, WHO-wide consultation identified 4 core principles that guided the GPG in defining the new operating model: it must be driven by the strategic priorities, enable delivery of the new processes, facilitate alignment across the 7 major offices and 3 levels of WHO, and enable more agile ways of working.

Key deliverables to date include: a sharper delineation of the role of each level of WHO; the development and rollout in HQ and 4 Regional Offices of a new streamlined 4-pillar approach to align WHO's work and structures across the 3 levels; establishment of new integrated and more agile ways of working through Strategic Priority Coordination Groups and Outcome Delivery Networks, 3-level Output Delivery Teams (ODTs), Technical Expert Networks and agile project delivery teams.

A Sharper Delineation of Roles

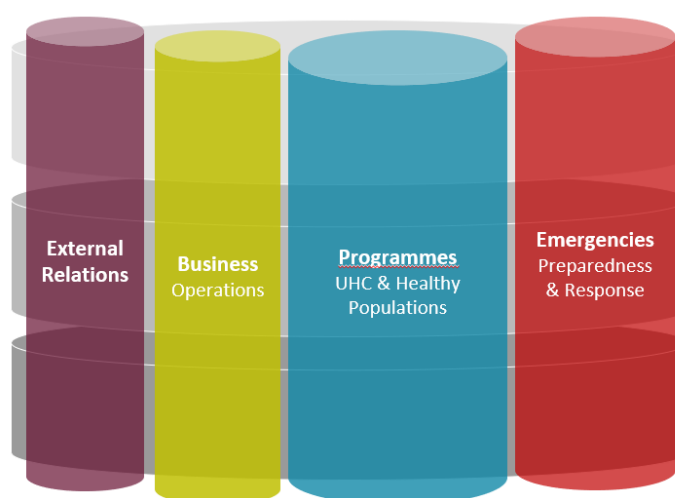
In the context of UN Reform and GPW13, and recognizing the comparative advantages of each of the 3 layers of WHO, the GPG has articulated clearer roles for WHO Country Offices, Regional Offices and headquarters to eliminate duplication and reduce inefficiencies.

Country offices lead WHO's engagement with governments, based on country needs and priorities, and work with UN Country Teams and partners to apply and amplify the impact of WHO's normative work. Regional offices lead WHO's technical cooperation agenda with Member States and will be the primary provider of technical and surge support. Headquarters will give more focus to producing the global public health goods that Member States need and the tools to apply them, providing specialized technical assistance and surge capacity as requested by Regional Offices, and ensuring WHO's global leadership functions.

Structural Alignment

To better align and coordinate the programmatic work of the 3 levels towards country impact, and to bring uniformity and consistency to the technical, business and external relations processes, the GPG introduced in March 2019 a single, streamlined WHO-wide structure with 4 pillars that would extend across the 3 levels to enable more consistent and seamless

work. Two of the pillars, programmes and emergencies, are responsible for coordinating and delivering WHO's technical work in line with GPW13's 'triple billion' goal. The other two pillars are responsible for ensuring a corporate approach to WHO's external relations and business functions. The technical work of the programmes and emergencies pillars is supported by new HQ-based corporate divisions for science and data.



Regional Offices

In 2019, the Regional Offices for Africa (AFRO), the Eastern Mediterranean (EMRO), Southeast Asia (SEARO) and the Western Pacific (WPRO) reviewed and revised their structures to reflect the 4 pillars. In doing so, the Regional Offices established clear

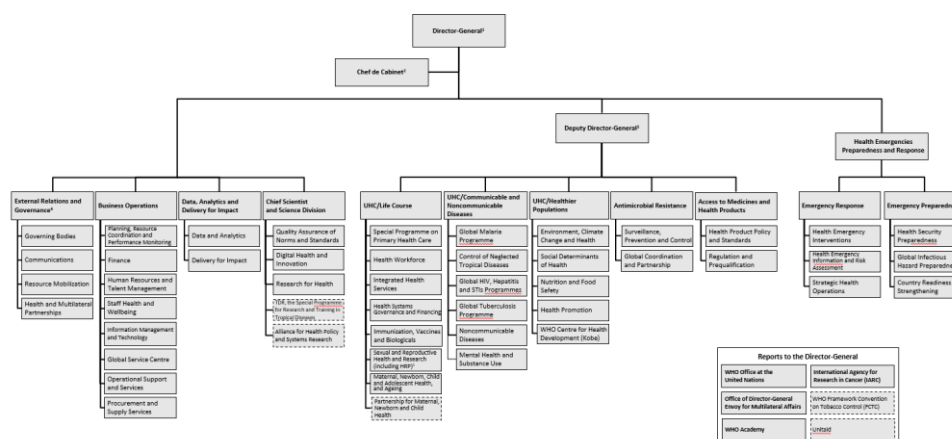
interfaces for working with the HQ Office of the Deputy Director General (for the programmes pillar), the Office of the Executive Director for Emergency Preparedness and Response (for the emergencies pillar), the External Relations Division and the Business Operations Division.

As originally envisaged in the GPG's design of the new WHO-wide operating model, each Regional Office has introduced some variations and additional capacities to their structures which reflect the Regional context and priorities.

Headquarters

A 5-step process was used in HQ to align all departments to the new WHO-wide operating model. The purpose and functions of each of the departments were established or updated, followed by a consolidation of appropriate technical functions and centralization of relevant corporate functions (e.g. resource mobilization; communications). The structure and capacity of each department was then established (for new Departments) or reviewed and revised (for existing Departments) to reflect the role of HQ in the new operating model.

Each department was encouraged to establish a 'functional' structure to better support country impact; to standardize all management layers, titles and positions for greater accountability; and to maximize management spans (i.e. 'flatten' the structures) to facilitate more agile ways of working. In parallel, HQ budget centres were raised from the Department to Division level to facilitate more integrated and agile ways of working, within HQ and across major offices. In December 2019, 360 HQ Divisions, Departments and Units were established in WHO's enterprise resource planning system and the entire 2600 staff were migrated into the new HQ structure to enable it to 'go live' as of 1 January 2020.



Country Level

In-depth Functional Reviews were completed in 47 country offices in WHO's African Region and 17 country offices in WHO's Eastern Mediterranean Region; SEARO completed its Programmatic and Administrative reviews in all 11 country offices; EURO carried out Management and Administrative Reviews in 6 country offices. These reviews informed planning for stronger, more relevant and harmonized country offices, with adaptations to the priorities and needs of the host Member State and partner community. The reviews highlighted the critical need and

direction for revamping country office capacities to implement GPW13 and deliver our normative and leadership roles in the context of the SDGs and UN Reform.

In parallel, the DDG/DPM Working Group undertook an extensive analysis of our current country-level operating model, informed by the Functional Reviews, best practices in all regions, success stories, GPW13, and UN Reform. Options for a minimum, predictable & financially sustainable WHO country presence were developed, reflecting the WHO capacities required (e.g. leadership, technical, data, partnerships, communications), different country contexts, potential financing modalities, and the new WHO operating model.⁸ The GPG will further consider these options based on the Programme Budget 2020-2021 operational plans and the finalization of Functional Reviews (see Section 5).

The Chief Scientist & Science Division

The DG and GPG's establishment of the new, corporate leadership position of Chief Scientist and the Science Division reflects their deep commitment to strengthen and 'get ahead of the curve' in WHO's core business as a standard-setter for health. The new Division aims to harness the power of science and innovation in a systematic way, with the Chief Scientist performing two essential functions: (i) ensuring WHO anticipates and stays on top of the latest scientific developments, and identifies opportunities to harness these to improve global health, and (ii) ensuring the excellence, relevance and efficiency of our core technical functions, including norms and standards and research, to deliver Member States better products, faster.

Since March 2019, the 1st WHO Chief Scientist has been appointed, the new Division and its 5 core departments established, service delivery models for their important new processes elucidated and launched (i.e. for norms & standards; research; innovation), staffing plans developed and priority recruitments initiated. The Division has already played a fundamental role in implementing key aspects of Transformation, particularly in driving the development of WHO's first ever list of global public health goods for the 2020-2021 biennium.

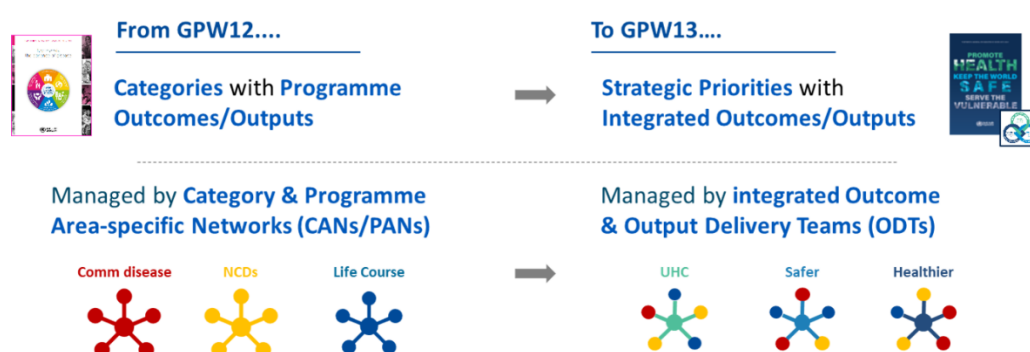
New Ways of Working

Potentially the most important change in WHO's operating model has been the design and initiation of new mechanisms to support new ways of working across the Secretariat. The goal of these new ways of working is to provide more responsive, more integrated and more efficient and effective support to Member States, drawing on the comparative advantage of each of the 3 levels and reflecting the sharper delineation of roles outlined above. These new mechanisms build on experience from the Category and Programme Area Networks (CANs/PANs) that managed the planning and reporting against GPW12 but reflect 3 important differences.

First, GPW12 was organized by 'categories' of work, with *Programme-specific* outcomes and outputs, whereas GPW13 and the Programme Budget 2020-2021 are organized by Strategic Priorities and *integrated* outcomes and outputs.

⁸ Document A72/INF./4. WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform: WHO presence in countries, territories and areas. In: Seventy-second World Health Assembly, Geneva, 20-28 May 2019 (http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_INF4-en.pdf, accessed 24 January 2020).

Consequently, the rather siloed CANs/PANs which were comprised of staff from 1 area of work are replaced with *integrated* Output Delivery Teams that are comprised of staff from all technical and/or enabling areas that contribute and are critical to the delivery of that output. Secondly, the role and scope of work of the ODTs goes beyond the primary focus of CANs/PANs which was on planning and reporting. ODTs encompass a more holistic scope of work across the delivery chain, from strategy and direction through planning, resourcing and implementation to monitoring and reporting. Thirdly, to play this role the ODTs are being more empowered to take forward their agendas, with the capacity to allocate budget (i.e. 20% of resources). In this context, the Strategic Priority Coordination Groups and Outcome Delivery Networks play a more supporting role to the ODT Leads once direction is set and deliverables agreed.



Complementing the Output Delivery Teams are Technical Expert Networks, agile project teams and new corporate service delivery models. The Technical Expert Networks will be broad communities of practice that are established across the major offices and 3-levels of the organization under the responsibility of the relevant technical department lead. The Technical Expert Networks will exist to ensure strategic, evidence-based and coherent policy advice across the organization. They will also provide an important entry point for programme-focused partners and constituencies. A WHO methodology for agile project teams will be developed and introduced to enhance our capacity for rapid, integrated development of specific products. Finally, new corporate service delivery models are being developed by the relevant business owners for both newly centralized services (e.g. human resources, communications, resource mobilization) and new processes (e.g. quality assurance of norms and standards; strategic policy dialogue; innovation; data).



3.4 A New Approach to Partnerships

The major objective of this workstream has been to modernize WHO's approach to external partnerships to more effectively leverage the full range of public and private resources available to deliver GPW13 and achieve the health-related SDGs in the context of UN Reform. This workstream encompasses our approach to political advocacy for health, programme implementation and the promotion of health (NOTE: the cross-cutting workstream on financing is now covered in Section 4.1).

Key deliverables to date include: the development and launch of the 12-agency *Global Action Plan for Healthy Lives and Well-being for All*; the mobilization of

concrete commitments for Universal Health Coverage at the UN General Assembly and the Inter-Parliamentary Union; G7 and G20 commitments on antimicrobial resistance (AMR) and promotion of UHC, and primary health care (PHC); the establishment of new Memoranda of Understanding (MoUs) with 7 major implementing UN agencies and other partners; the rollout of innovative new partnerships with FIFA⁹ to promote the health-related SDGs and with GoogleFit to amplify WHO norms and standards.

In addition, new WHO mechanisms and entities have been established to coordinate and implement this work and include the new 3-level external relations pillar, the Office of the Director-General Envoy for Multilateral Affairs (DG Envoy), and the new corporate Department for Health and Multilateral Partnerships.

Strengthening High-Level Political Support for Health

Recognizing the centrality of political support and concrete commitments to the GPW13 and SDG agenda, new mechanisms have been established to coordinate and professionalize WHO's systematic engagement to promote health and mobilize support at the highest political levels. The position of the DG Envoy for Multilateral Affairs was established in March 2019, and the 1st DG Envoy appointed immediately, to lead WHO's advocacy for health and particularly GPW13 priorities in such fora.

A multilateral strategy has also been developed, emphasizing a 3-pronged approach to this work which includes consolidating and deepening existing high-level engagements where health is becoming a standing agenda item (e.g. G20, African Union), raising to the political level existing multilateral engagements which are currently primarily technical, and exploring new and untapped fora which could substantively benefit the health agenda and where WHO is currently not engaged.

This approach is already translating into heightened political recognition of health as an investment rather than a cost, and concrete political commitments that are key to achieving GPW13, the triple billion goal and the health-related SDGs (e.g. in AMR, UHC). Complementing this work has been the development of the new WHO Strategic Policy Dialogue process (described in Section 3.2) which aims to enhance political support at the national level for a limited number of major, evidenced-based policy initiatives that would accelerate progress on the health-related SDGs.

Enhancing Support for Programme Implementation

To further amplify the impact of WHO's normative work in support of Member State priorities and the health-related SDGs, a programme of work was established to more effectively engage major implementing partners, particularly through the new WHO Department for Health and Multilateral Partnerships.¹⁰ Since late 2017, new Memoranda of Understanding (MoUs) have been established with 7 major agencies.¹¹ All of these MoU reflect the GPW13 strategic priorities and targets and

⁹ Fédération Internationale de Football Association

¹⁰ Document A71/43. Collaboration within the United Nations system and with other intergovernmental organizations. In: Seventy-first World Health Assembly, Geneva, 21–26 May 2018 (http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_43-en.pdf, accessed 24 January 2020).

¹¹ Food & Agriculture Organization (FAO), International Labour Organization (ILO), United Nations Development Programme (UNDP), United Nations Environment Programme (UNEP), World Intellectual Property Organization (WIPO), World Bank, and The Global Fund to Fight Aids, Tuberculosis & Malaria.

the health-related SDGs, enunciate areas of common effort, and commit to new ways of working between the relevant organizations.



In January 2018 the Director-General established a WHO-Civil Society Task Team to enhance this collaboration to help achieve the “Triple Billion” goal outlined in GPW13.¹² Through an extensive six-month consultative process, the Task Team generated a set of recommendations that lay out concrete actions WHO, Civil Society Organizations, and Member States can take to strengthen engagement at global,

regional, and country levels to improve health outcomes worldwide through enhanced policy dialogue, closer collaboration in emergencies, joint work on gender equality, health equity and human rights, and data collection.

In parallel, and as part of this agenda of work, WHO has played a leadership role in the development of the *Global Action Plan for Healthy Lives and Well-being for All* which was launched at the UN General Assembly in September 2019.¹³ The 'GAP' outlines how 12 multilateral health, development and humanitarian agencies will collaborate more effectively, purposefully and systematically to provide streamlined support to countries to accelerate progress towards the health-related SDG targets. The agencies have jointly identified an initial wave of 12 countries where GAP implementation can have a significant impact in supporting the acceleration of progress towards the health-related SDGs, with a first report on progress planned for the margins of the 73rd WHA in May 2020.



Innovative Partnerships to Promote Health and the Work of WHO

A third element of our approach to Transforming partnerships has been the exploration of innovative partnerships to promote the health-related SDGs (and GPW13 targets) and WHO's normative standards and technical advice. Many of the ideas that are informing this work have been generated by staff, including the new

¹² World Health Organization-Civil Society Task Team launches recommendations for strong collaboration in global health. In: United Nations Foundation [website]. Geneva: 2018 (<https://unfoundation.org/media/world-health-organization-civil-society-task-team-launches-recommendations-for-strong-collaboration-in-global-health/>, accessed 24 January 2020).

¹³ Stronger collaboration, better health: global action plan for healthy lives and well-being for all. Strengthening collaboration among multilateral organizations to accelerate country progress on the health-related Sustainable Development Goals. Geneva: World Health Organization; 2019. (<https://www.who.int/publications-detail/stronger-collaboration-better-health-global-action-plan-for-healthy-lives-and-well-being-for-all>, accessed 24 January 2020).

FIFA and GoogleFit collaborations. With FIFA, WHO has signed a 4-year MoU to promote healthy lifestyles through football globally, with four areas of collaboration that leverage WHO's technical advice and FIFA's unprecedented reach to a global audience. A collaboration has been established with GoogleFit to use WHO's normative recommendations and technical advice to promote health through this digital tool (in line with our Transformative shift of 'getting ahead of the curve'). In 21 August 2019, Google updated their Google Fit app to feature WHO's guidance on physical activity and the prevention of noncommunicable diseases, putting a new, evidence-based tool into the hands of millions of people.

These initial, innovative collaborations, coordinated by our new Department for Health and Multilateral Partnerships, are shaping our larger agenda of work to explore new ways of engaging people globally with WHO's evidence-based advice and recommendations to improve health.



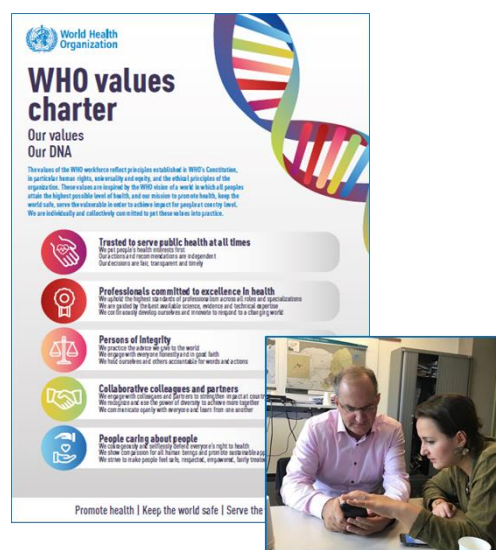
3.5 A New Impact-Focused, Collaborative and Agile Culture

The major objective of this workstream has been to promote a more impact-focused, collaborative and agile culture across WHO, including in all major offices and across its 3 levels. The importance of this workstream was highlighted by the findings of the 2017 Staff Baseline Survey which documented the challenges staff often face in contributing to our WHO goals and in conducting their day-to-day work. The scope of work has included defining and promulgating WHO's values, improving 3-level and within-office collaboration, and developing a more agile approach to implementing WHO's programmes and projects.

Key deliverables to date include: the development and embedding of the WHO Values Charter;¹⁴ the promotion of open door policies; the establishment of staff awards; the introduction of new tools such as Workplace© and Slido to promote collaboration and engagement;¹⁵ the development of a new Internal Communications process; the launch of 'Walk-the-Talk'; and the development of pilot agile projects.

Defining & Promulgating Our Values

In a key outcome of the WHO Staff Baseline Survey, staff voiced the need to align on WHO's corporate values, defined as the "deeply held beliefs that guide staff behavior and capture WHO's distinctiveness". In response, the DG launched a broad staff-engagement process in July 2018, leading to over 1000 ideas for potential culture themes that in turn formed the basis for a 3-day online "Values Jam" in November 2018. More than 2700 staff from all major



¹⁴ Our values, our DNA [website]. Geneva: World Health Organization; 2019 (<https://www.who.int/about/who-we-are/our-values>, accessed 24 January 2020).

¹⁵ Slido is an easy to use Question & Answer and on-line polling platform. For further information, see <https://www.sli.do/> (accessed 24 January 2020).

offices participated, with the results being consolidated into the WHO Values Charter that was launched in May 2019, along with a plan to embed the values in our daily work.

Work is now underway to embed the values into WHO's core processes related to recruitment, staff induction, leadership and management training, performance evaluation, recognition and celebration of champions, and even the design of new office spaces at HQ. The WHO Values Charter has also inspired emerging initiatives, such as to make WHO the 'World's Healthiest Organization' and the WHO Regional Office for Europe's Values of the Month, and reinforced recent initiatives such as the open-door policies, staff awards, Respectful Workplace Initiatives and 'Walk-the-Talk'.

Enhancing Collaboration Within & Across the 3-Level

Fundamental to the GPG's goal of achieving a 'seamless' organization, has been the need for enhancing collaboration both within offices and across the 3-levels of WHO. The Transformation initiative has taken a 2-pronged approach to encouraging and facilitating this shift through the development of formal mechanisms to promote and enable collaboration, the rollout of new tools, and the implementation of the Transformation itself.

The most important of the formal mechanisms to promote collaboration has been the establishment of the integrated Outputs and Outcomes of GPW13 and the Programme Budget 2020-2021. Achieving most of WHO's outputs now *requires* working across levels and departments and/or units. The new integrated Output Delivery Teams have been designed to provide a formal process for collaborating within major offices and across the 3-levels from, strategy development through implementation and reporting.

As outlined in Section 2.3 above, the Transformation itself has used and promoted collaborative approaches in almost all aspects of its design work. Three-level working groups were established for each for the process redesigns; a 'communicate/consult/co-create' approach was used to promote staff-management collaboration in the design of HQ's new structures; the 'Values Jam' saw over 2700 staff actively collaborate online with senior management to craft our Values Charter; agile project teams were established for key Transformation deliverables (including the 'Global Transformation Team' itself); a series of targeted surveys and staff seminars informed key aspects of the client-focused business services and new operating model; inter-Major Office Working Groups of DDG/DPMs and ADG/DAFs refined Transformation proposals for the GPG; WHO-wide Task Forces took forward key elements of Transformation, generating recommendations for enhancing career development, operationalizing global mobility, and developing new ways of working; a G-Staff Task Force was established in HQ to drive relevant aspects of Transformation; and the 1st ever WHO Global Management Meeting (Nairobi, December 2018) brought together leaders from all country offices, regional offices and headquarters to debate and agree on major elements of Transformation.

To facilitate more collaborative ways of working and greater staff engagement, new tools have been introduced through Transformation to better enable broad participation, such as the WHO-wide rollout of Workplace© and Slido.

Developing an Agile Approach

Working with external experts on agile principles and practices, an extensive survey was conducted of existing WHO practices and past experiments to gauge the current understanding and exposure to agile concepts and ways of working, and to identify existing best practice, barriers and enablers. In parallel, an ambition was defined for WHO as an agile organization, and the major implications for key enabling factors – such as delegations of authority, the management of financial and human resources, and performance management – were explored.

The entire WHO Senior Leadership Team, from all country, regional and headquarter offices, was introduced and oriented to agile concepts through dedicated workshops (December 2018) and potential 'agile test cases' were identified (e.g. key PHC and AMR products). The design and rollout of the new WHO-wide operating model is incorporating key changes to better enable agile ways of working. For example, the HQ budget centres are being raised from the Department to the Division level, specific delegations of authority are being developed for agile team leads, and HQ department structures were 'flattened', with wide management spans. Options are currently being explored for institutionalizing the capacity building necessary to refine and scale up a common 'WHO agile approach'.



4. Cross-cutting Workstreams to Enable our Transformation

As our Transformation has evolved, 2 elements of the 5 major workstreams emerged as particularly important to the long-term success of WHO and its Transformation, both of which cross-cut and enable all other elements: WHO financing and building the capacity of our workforce. This section summarizes the major objective of each of these enabling workstreams and key deliverables to date.

4.1 Ensuring Predictable & Sustainable Financing of WHO

The major objective of this workstream has been to establish more flexible, aligned and predictable financing of WHO to deliver on the strategic priorities of GPW13 and the health-related SDGs. The scope of work has included the development of a new, harmonized WHO resource mobilization process, the establishment of the 'External Relations & Governance' pillar across the 3-levels of the organization, and a related Output Delivery Team as summarized in Section 3.3 above.

Key deliverables to date include: the development and launch of the 1st ever WHO Investment Case; the Inaugural WHO Partners Forum; development of a new WHO Resource Mobilization Strategy; elaboration of the investment and business cases for the WHO Foundation; and initiation of work on a WHO Contributor Engagement Management system.

The 1st WHO Investment Case

WHO's first ever investment case was launched in September 2018, articulating how an investment in WHO of \$14.1 billion from 2019 to 2023, representing a 14% increase in our base budget, would help achieve the "triple billion" goal of GPW13.¹⁶ The case quantified, for the first time, the compelling impacts that a fully-financed WHO could deliver on global health and sustainable development over the next five years.



¹⁶ A healthier humanity: the WHO investment case. Geneva: World Health Organization; 2018. (<https://www.who.int/about/planning-finance-and-accountability/financing-campaign/investing-global-investing-local>, accessed 24 January 2020).

The investment case describes how WHO, working with its Member States and partners, can save up to 30 million lives, add up to 100 million years of healthy living to the world's population and add up to 4 per cent of economic growth in low and middle-income countries by 2023. The investment case shows how a stronger, more efficient, and results-oriented WHO will serve and guide governments and partners in their efforts to improve the health of their populations, and highlights new mechanisms to measure success, ensuring a strict model of accountability.

The Inaugural WHO Partners Forum

On 9-10 April 2019, the Inaugural WHO Partners Forum was convened in Stockholm, Sweden, providing a unique opportunity for a diverse range of current and prospective partners to learn more about WHO's impact and value for money.¹⁷ The Forum was a key step in establishing a longer-term collaborative endeavour between WHO and partners to improve the quality and quantity of resources required to deliver GPW13 and to achieve the health-related SDGs. Over 200 participants attended, ranging from WHO Member States and UN and programme partnerships, to foundations, corporations and civil society. Specific recommendations were generated in the areas of effective partnerships, improving effective financing of WHO, and this longer-term collaborative endeavour.



Concrete outcomes included an energized and diverse community of partners to help WHO secure the resources to deliver GPW13, a shared understanding of how to strengthen partnerships and improve WHO's financing, and enhanced trust and confidence in a transformed, impactful and value for money WHO. Going forward, the aim is to convene the Forum regularly, with 'touch points' on specific priority issues during the intervening periods.

A New WHO Resource Mobilization Strategy

Building on the principles laid out in the WHO Investment Case, and on the deliberations of the Inaugural Partners Forum, a comprehensive strategy has been developed for mobilizing the resources required to deliver GPW 13.¹⁸ In addition to increasing the quantity of funding to WHO, the strategy seeks to improve the quality of funding, in terms of predictability and flexibility, and to streamline the management of funds.

The new strategy rests on four pillars: growing and diversifying established government partners; building on relationships with current philanthropic partners; maintaining and developing new financing streams from funds, international development banks and multilaterals; and exploring innovative financing and

¹⁷ Inaugural WHO Partners Forum [website]. Geneva: World Health Organization; 2019 (<https://www.who.int/news-room/events/inaugural-partners-forum>, accessed 24 January 2020).

¹⁸ Document EB146/29. Programme budget 2020–2021 WHO resource mobilization strategy Report by the Director-General. In: 146th Executive Board, Geneva, 3-8 February 2018 (http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_29-en.pdf, accessed 24 January 2020)

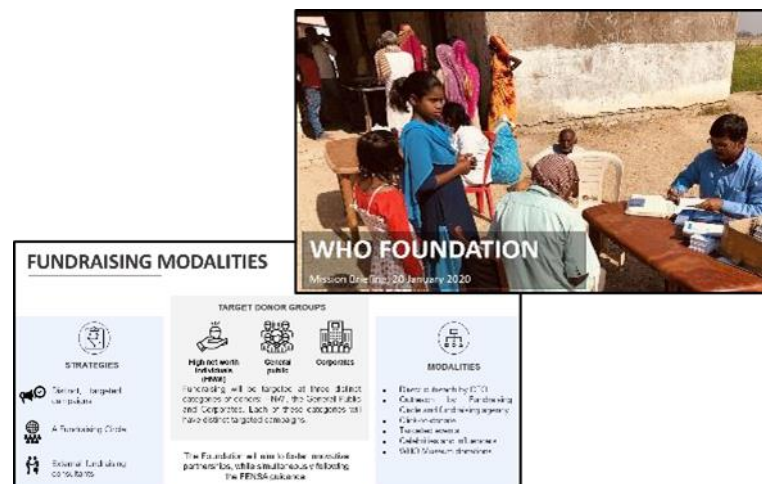
revenue-producing activities. Cross-cutting these pillars is a greater focus on fundraising at country level.



The strategy is underpinned by the ongoing work to strengthen functional coordination within WHO and to improve partnership management by investing in more professional processes and better donor analytics.

Establishing a WHO Foundation

Responding to the direction of Member States that WHO explore innovative mechanisms to diversify its financing, in early 2019 an advisory group reviewed the case for establishing a WHO Foundation and recommended the Director-General support such an initiative. The Foundation will complement WHO's resource mobilization strategy by engaging in areas where the WHO is not structured to engage, strengthening its financial independence, and supporting GPW13.



The Foundation will be established as a grant-making entity that is legally independent of WHO and works with high-net-worth individuals, the general public and corporate entities, while respecting the principles of WHO's Framework for Engagement with non-State Actors. Specific fundraising goals and rollout plans are under development.

A new WHO Contributor Engagement Management (CEM) System

Our investment in a new CEM system will underpin the new resource mobilization and grants management process across WHO, at all levels of the organization. This 'best in class' system is used by global health partnerships and private sector

entities. The system will facilitate the management of WHO contributor relationships and intelligence, capture funding opportunities and improve visibility on pipeline funding; facilitate and monitor the implementation of distributed funds in line with agreements; and manage reporting and visibility across WHO, to better meet contributor needs and improve financing equity across WHO. A cross-organization Task Team is currently steering the system's development, testing and roll out.

4.2 Building a Motivated and Fit-for-Purpose Workforce

The major objective of this workstream is to build a diverse, motivated and fit-for-purpose workforce to deliver GPW13 in the context of the SDGs and UN Reform. The scope of work has included transforming WHO into a career organization, establishing an enabling environment for staff to excel, and professionalizing staff development and health learning.

Key deliverables to date include: the introduction of new career and development opportunities for staff; the establishment of a new and expanded corporate Human Resources and Talent Department; the roll-out and/or scale up of new initiatives on mentorship, leadership training and staff-health and wellbeing; and the creation of the WHO Academy.

Transforming WHO into a Career Organization – the Rollout of New Opportunities

Following the GPG decision to transform WHO into a career organization, the Director-General established a 3-level Task Force on Career Pathways in April 2019 to propose a WHO career framework and options for career tracks. The Task Force's recommendations, reflecting benchmarks and best practice from other institutions as well as staff views, are now the work of the new Human Resources and Talent Department to establish and rollout technical/scientific, managerial and administrative career tracks.

Another 3-level task force developed a set of principles to guide the implementation of WHO's Global Mobility Policy after reviewing the practices of other UN agencies, soliciting input from staff and incorporating the findings from the evaluations of the voluntary phases. Further work is ongoing to ensure organizational readiness for the rollout given the large number of staff involved, particularly at HQ (e.g. scenario analyses, change management activities).



As part of a broader initiative to become an employer of choice for young health professionals, WHO will roll-out its revamped Global Internship Programme in 2020, with stipends, meal vouchers and medical insurance to make internship opportunities more attractive, accessible, and equitable.¹⁹ A new MoU between WHO and UN Volunteers (June 2018) is providing another mechanism for engaging young health professionals in WHO's work at country level.²⁰

¹⁹ Document A72/43. Human resources: annual report. In: Seventy-second World Health Assembly, Geneva, 20-28 May 2019 (http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_43-en.pdf, accessed 24 January 2020).

²⁰ "UN Volunteers [website]. Geneva: World Health Organization; 2018 (<https://www.who.int/about/collaborations-and-partnerships/un-volunteers>, accessed 24 January 2020).

A new mechanism for Short-Term Development Assignments (SDA) was introduced in March 2018 to provide staff in all categories with the opportunity to be exposed to different work environments. During its first year, this allowed 31 intra-regional short-term developmental moves, 16 moves from country/regional offices to HQ, 4 moves from HQ to country/regional offices, and 6 moves to another position within current duty stations.

Establishing an Enabling Environment for Staff to Excel

To enhance support to WHO's entire workforce, a new Human Resources and Talent Department was established, with key innovations such as a new centralized human resource (HR) business partner model to harmonize practices and provide a client-focused approach to staff and offices. New corporate and staff-led initiatives are also helping to empower staff and foster a safer and more conducive working environment. These include:

- AFRO's *Pathway to Leadership Training Programme* which has now trained 181 staff, including from other Regions, since its launch in 2018. This is now the most comprehensive such programme for staff, aiming to increase personal and interpersonal awareness, enhance analytical skills and enable management of complex issues. Planning is ongoing for scale-up and WHO-wide rollout.



- The *Global Mentoring Programme* was launched in December 2019 to enhance career support and development, and reflects a concrete outcome of the 2017 Staff Baseline Survey. After a pilot phase, a pool of 171 mentors has been established, covering all major offices and duty stations and including all categories of staff and retirees.
- In response to a staff-inspired initiative that WHO become the *World's Healthiest Organization*, WHO is exploring options to leverage its own normative standards to build a comprehensive movement for the wellbeing, health and safety of WHO's own global workforce.

Professionalizing Staff Development and Health Learning – The WHO Academy

On 6 March 2019, the DG and RDs announced their collective vision for a new WHO Academy to substantially increase development opportunities for WHO staff and to revolutionize health learning globally. The Academy aims to transform lifelong learning in health and to achieve greater impact with larger scale, better quality and more efficient systems. Ultimately it would reach WHO staff, millions of health workers and others via a state-of-the-art digital platform, with the latest approaches in adult learning, behavioural science and cutting-edge learning technologies.

An initial concept note and pre-feasibility study were developed in early 2019, with subsequent validation and benchmarking against best practice. Additional analyses included a mapping and review of WHO training programmes and 18 digital learning platforms; external analysis of unmet needs; and modelling of self-financing cost-

recovery models. Over 100 staff engaged in a WHO-wide technical co-design process, with working groups for course development criteria, the learning model, the digital learning platform, and quality and standards. These informed the Academy business case and blueprint which was finalized in June 2019.

On 11 June 2019, the Director-General and President Macron of France signed a declaration of support to establish the WHO Academy. The set-up phase will establish base systems, standards and strategies for the Academy prior to its planned launch in May 2021, with the goal of reaching 10 million people by 2023. Key milestones include the launching of online courses in 2021, adding a blend of digital and onsite learning at the Lyon campus, and then at regional spokes in 2023.



5. Making a Difference at Country Level

Ultimately, our Transformation is anchored in the goal of the DG and RDs to ensure an impact on the health of people at country level.

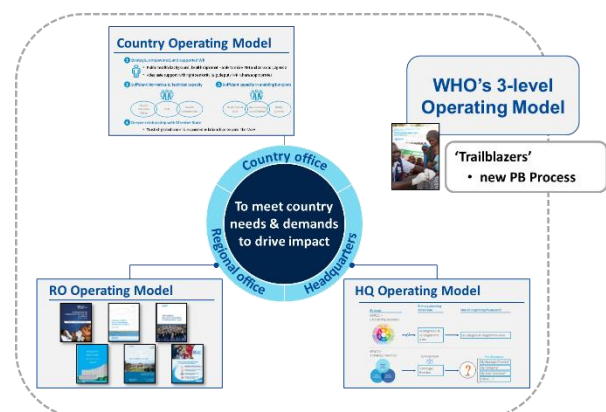
Concretely, this means ensuring that WHO is producing the right norms, standards and technical guidance that are needed by our Member States, and that these products are being amplified at country level through the policies and planning of national and local governments, and the programming and practices of implementing partners within UN Country Teams, civil society, non-governmental and humanitarian organizations, and also the private sector.

From the outset of our Transformation the GPG recognized that enhancing our country impact to achieve the bold ambition of GPW13 would require fundamental changes, both in the way we work across the 3-levels and in our country-level presence. In January 2018, as GPW13 was being finalized, the GPG agreed on 6 major shifts to WHO's overall or '3-level' operating model to place country needs and impact at the centre of our work. These shifts can be summarized as:

- (i) Putting countries needs at the core of all WHO work through a new, sequenced and integrated strategic planning process, and a new planning and budget framework;
- (ii) Differentiating the roles and responsibilities of each level, with a specific focus on the technical roles of regional and country offices and headquarters' normative work;
- (iii) Developing new mechanisms to manage our work towards the new, integrated strategic priorities and specific outcomes of GPW13;
- (iv) Establishing truly 'global' programmes with collective ownership and shared 3-level accountability for impact at country level;
- (v) Improving capabilities and capacities across WHO, and especially at country level; and
- (vi) Moving to a needs-driven distribution of resources to maximize country impact and reflecting the updated roles and responsibilities.

Achieving and implementing these major shifts has been the primary focus of our Transformation work to date. As outlined in this document, substantive progress has now been made on the first 4 of these shifts, with planning well advanced on the remainder.

Specifically, an entirely new planning process is now putting put country needs and priorities at the centre of all WHO work at all 3 levels. The role of each level of WHO in developing, translating and ensuring the application and impact of our normative products has been



substantively refined and sharpened. And initial investments have been made in improving our leadership capabilities and capacities at country level, most importantly through the revamping of our process for nominating, assessing, rostering and selecting WHO Representatives, and the standardization of the criteria and levels of leadership for each country office. New, integrated Output Delivery Teams and associated mechanisms (e.g. the Strategic Priority Coordination Groups), complemented by the Technical Expert Networks, are being established to achieve collective ownership and joint accountability for country impact.

In parallel with this work on the '3-level' shifts, and as detailed in Section 3.3 above, substantive work has been done on the WHO Country Office Operating Model. Most importantly, there is broad agreement on the basic parameters for a minimum, WHO predictable country presence which reflects the country context and WHO's role and work. In announcing the new WHO-wide operating model in March 2019, the GPG prioritized its implementation at HQ where the most significant changes were needed as it is Major Office furthest from countries, has historically had the most vertical approach to programming, has significant exposure to other pressures and demands, and works in an environment that is more removed from the day-to-day realities of countries.

As of end-2019, the new HQ structure and operating model has been finalized, pillar-level alignment has been implemented across HQ and most Regional Offices, operational plans are established for 2020-2021, and a substantial number of country office Functional Reviews are completed. These achievements, combined with the 3-level shifts summarized above, substantially improve the environment and prospects for the significant adjustments needed to our WHO country presence over the period 2020-2021 and beyond to ensure a predictable, fit-for-purpose capacity to better enable WHO's role at country level.

6. Way forward – Transformation Implementation for Impact

Important changes are underway across WHO to optimize our overall capacity to successfully deliver GPW13, particularly at country level, and to achieve its ambitious results and impacts.

Member States have now set our new strategy, budget and results through the adoption of GPW13, the adoption of the Programme Budget 2020-2021, and their ongoing guidance on our new WHO Results Framework. In parallel, the Director-General and Regional Directors have introduced a series of major transformative changes to WHO's internal processes, operating model and ways of working to deliver GPW13 and achieve the bold triple billion goal.

These changes have put WHO on the road to becoming the modern, fit-for-purpose, seamless and impact-focused organization envisaged by the Director-General and Regional Directors and needed by Member States, particularly at country level. Going forward, relentless attention will be given to the full implementation of these changes to achieve GPW13 and with the ultimate goal of having a meaningful, lasting and positive impact on people's health, everywhere.
